

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579168

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		2				
6		1				
7		2				
8		1				
9		1				
10		2				
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17	1					
18	1					
19		2				
20		2				
21		2				
22		2				
23		2				
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25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		1				
34		1				
35		3				
36		3				
37		1				
38		2				
39						
40						
41						
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43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	60					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						